

Commonwealth of Virginia Health Benefits Program

About Your BENEFITS



2010 EDITION

Virginia Department of Human Resource Management



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This booklet provides an overview of your benefits offered through the Commonwealth of Virginia Health Benefits Program. Refer to this booklet for general information about your health, wellness and, flexible reimbursement benefits. Details may be found in the appropriate plan document or on the DHRM Web site at www.dhrm.virginia.gov. Should the information in this overview conflict with the appropriate plan document, information in the plan document will take precedence.

Who Is Eligible

All full-time or part-time, salaried, classified state employees or regular, full-time or part-time, salaried faculty members are eligible for the health benefits program. Certain family members also may be covered, including your legally married spouse and dependent children as described below. See the chart below to determine the documents you need to provide to cover family members.

Eligibility Definitions and Required Documentation

Dependents	Eligibility Definition	Documentation Required Before Request Is Approved
Spouse	The marriage must be recognized as legal in the Commonwealth of Virginia. Note: Ex-spouses will not be eligible, even with a court order.	<ul style="list-style-type: none"> • Photocopy of marriage certificate, and • Photocopy of the top portion of the first page of the employee's most recent Federal Tax Return that shows the dependent listed as "Spouse". NOTE: All financial information and Social Security Numbers should be redacted.
Natural or Adopted Son/Daughter	<p>A son or daughter may be covered to the end of the year in which he or she turns age 23* regardless of student status if the child:</p> <ul style="list-style-type: none"> • lives at home or is away at school • is not married, and • receives more than one-half of his or her support from the employee. <p>In cases where the natural (or adoptive) parents are living apart, the child may live with the other parent but must receive more than one-half of his or her support from either parent or a combination from both parents.</p>	<ul style="list-style-type: none"> • Photocopy of birth certificate showing employee's name or • In the case of adoption, photocopy of a legal pre-adoptive or adoptive agreement.
Stepson or Stepdaughter	<p>Unmarried stepson or stepdaughter may be covered to the end of the year in which he or she turns age 23* regardless of student status if:</p> <ul style="list-style-type: none"> • they are living with the employee in a parent-child relationship; • the principal place of residence is with the employee; • they are a member of the employee's household; and • they receive over one-half of their support from the employee. 	<ul style="list-style-type: none"> • Photocopy of birth certificate (or adoption agreement) showing the name of the employee's spouse; and • Photocopy of marriage certificate showing the employee and parent's name and • Photocopy of the top portion of the first page of the employee's most recent Federal Tax Return that shows the dependent listed as "Spouse". NOTE: All financial information and Social Security Numbers should be redacted.
Other Female or Male Child	<p>An unmarried, minor child in which a court has ordered the employee to assume sole permanent custody may be covered until the end of the year in which he or she turns age 23*. If joint custody, it must be with the employee and the employee's legal spouse.</p> <ul style="list-style-type: none"> • the principal place of residence is with the employee; • they are a member of the employee's household; and • they receive over one-half of their support from the employee. 	<ul style="list-style-type: none"> • Photocopy of birth certificate and • Photocopy of the Final Court Order granting permanent custody with presiding judge's signature.
Other Female or Male Child - Exception	<p>If the employee (or employee's spouse) shares custody with a minor child who is the parent of an "other female or male child", then that "other child" may also be covered if:</p> <ul style="list-style-type: none"> • the other child, • the minor child** (who is the parent), and • the employee's spouse (if applicable) <p>all live in the same household as the employee.</p>	<ul style="list-style-type: none"> • Photocopy of the other child's birth certificate showing the name of the minor child** as the parent of the other child and • Photocopy of the Final Court Order with presiding judge's signature.

* When approved as an adult dependent who is incapacitated due to a physical or mental health condition, the child may be covered beyond the age of 23.

**The minor child must meet all of the eligibility requirements for a dependent child.

- An **incapacitated dependent child** may continue coverage if the incapacitation was diagnosed prior to the loss of eligibility due to age, and your request to continue coverage is approved by the health care plan. These dependent children are subject to the above eligibility requirements and periodic recertification. An incapacitated dependent child who later recovers or fails to meet other eligibility requirements must be removed from coverage.

HEALTH BENEFITS PLANS

State employees have several plan options depending upon where they live, and in some cases where they work. Full-time employees pay the employee portion of the total monthly premium, with the state paying the remainder of the cost. Their premiums are deducted from paychecks before taxes are paid. Part-time classified employees who work at least 20 hours, but less than 32 hours, per week (or salaried employees in similar positions in legislative, judicial and independent agencies) pay the total premium, which may be deducted from their paychecks on a pre-tax basis. For current monthly premiums, visit the DHRM Web site at www.dhrm.virginia.gov or see your agency Benefits Administrator.

Coverage always begins on the first of a month and ends at the end of a month. Most requests received within 31 days and by the end of the month are effective the first of the next month. There are two exceptions: coverage for a newborn or adopted child, and when a family member loses eligibility as a dependent.

Available Plans By Service Area

COVA CARE and COVA CONNECT

Service Areas

COVA Care: Includes all zip codes outside Hampton Roads.

COVA Connect: Includes certain zip codes where you live in the Hampton Roads area. See chart below.

City	Zip Code Area
Chesapeake	23220-23328
Hampton	23630, 23651, 23661, 23663-23670, 23681
Norfolk	23501-23515, 23517-23521, 23523, 23529, 23541, 23551
Poquoson	23662
Portsmouth	23701-23705, 23707-23709
Suffolk	23432-23439
Virginia Beach	23450-23467, 23471, 23479

Benefits Components

Each of these plans include four separate benefit components: *medical, dental, outpatient prescription drug, and behavioral health with the Employee Assistance Program (EAP)*. For **COVA Care**, each benefit is administered by a different company and for **COVA Connect**, all benefits except dental are administered by the same carrier. Some covered services are subject to a plan year deductible, coinsurance or copayments. In-network wellness and preventive care services are available at no cost to members. You may also select, at an extra cost to you, additional options that offer enhanced coverage for dental, out-of-network, vision and hearing services.

Medical Benefits

COVA Care: Administered by Anthem Blue Cross and Blue Shield.

COVA Connect: Administered by Optima Health.

We highly recommend that you coordinate your care through a primary care provider (PCP), but you are not required to have a PCP to use your medical benefits. You have medical coverage as long as you use an in-network provider. There is no out-of-network coverage (except for an emergency) unless you choose the **Out-of-Network option**. However, you also may access care within the United States for **COVA Care** through the Blue Card PPO® network, and worldwide through the BlueCard Worldwide® network. The Anthem Virginia network includes hospitals, primary care physicians and specialists statewide. For **COVA Connect**, you have in-network coverage as long as you visit an Optima provider, or if outside the Optima service area, a provider who participates in the national Multiplan or Private Healthcare System (PHCS) provider network. You may also receive care when you live or travel outside the U.S. and may contact Optima Health to assist you with the claims process.

For the most current list of COVA Care network hospitals and physicians, go to www.anthem.com/cova, and for COVA Connect, visit www.optimahealth.com/cova.



Behavioral Health and Employee Assistance Program (EAP)

COVA Care: Administered by ValueOptions, Inc.

COVA Connect: Administered by Optima Health.

For **COVA Care**, we recommend that you call ValueOptions at **1-866-725-0602** so that your care can be authorized in advance. For **Cova Connect**, call the Optima EAP at **1-800-899-8174**, and Optima Member Services at **1-866-846-2682** or **(757) 687-6350** for behavioral health so that your care can be authorized in advance. A behavioral health participating provider works with a care manager to ensure that the services you receive are covered under your plan. When you self-refer to a non-network provider, you are responsible for making sure the services you receive are medically necessary for your condition. There is no out-of-network coverage (except for an emergency) unless you choose the **Out-of-Network option**.

The EAP offers up to four visits at no cost to you or members of your household for counseling in such areas as mental health, substance abuse, work and family issues, financial or legal matters.

Dental

COVA Care and COVA Connect: Delta Dental of Virginia provides dental coverage for both of these plans, including diagnostic and preventive care, and primary dental services such as fillings and root canals. The **Expanded Dental option** covers orthodontic services and offers enhanced coverage for major restorative services such as crowns, bridgework, implants, and dentures. You may use either an in-network or out-of-network dentist, but you may pay more if you use an out-of-network dentist. To see if your dentist participates in the DeltaPremier network, or to search for a participating dentist, visit the Delta Dental Web site at www.deltadentalva.com. Click on "Searching for a Dentist?" and select the DeltaPremier program. You also may call Delta Dental at 1-888-335-8296 for assistance.

Outpatient Prescription Drugs

COVA Care: Administered by Medco Health Solutions, Inc.

COVA Connect: Administered by Optima Health.

Your health plan outpatient prescription drug benefit divides your prescriptions into four categories (tiers) based primarily on their cost. The first tier is typically generic drugs; the second tier generally includes some generic drugs and low-to-medium-cost brand name drugs; the third tier consists of higher-cost brand name drugs and the fourth tier is for high-cost specialty drugs. For **COVA Care**, you may also save money by using the *Medco By Mail* home delivery service or for **COVA Connect**, the *CVS Caremark* mail order service, for a 90-day supply of a maintenance prescription. If a brand name drug is requested when a generic equivalent is available, you pay the brand copayment plus the difference between the cost of the brand and the generic drug.

You may use either a network or non-network pharmacy. However, you will pay more at a non-network pharmacy. For **COVA Care**, to find a Medco pharmacy, go to www.medco.com and register. Click on “Find a local pharmacy”. For **COVA Connect**, visit www.optimahealth.com/cova. You also may check with your local pharmacy or call the appropriate prescription drug administrator to determine if your pharmacy is in the network.

Optional Benefits

COVA Care and COVA Connect also offer optional coverage that you may buy at an additional cost. See Health Benefits At-Glance on page 7 for more information about the Out-of-Network, Expanded Dental, and Vision and Hearing options.



COVA HDHP

Service Area: Statewide.

The **COVA HDHP** (High Deductible Health Plan) is a special type of health care plan that allows you to set up a Health Savings Account (HSA). Use the tax-deductible funds you put into the HSA to help pay for medical expenses. Your HSA goes wherever you go and you are not required to “use it or lose it”. The COVA HDHP has a higher plan year deductible that must be met before the plan pays for your medical, behavioral health and prescription drug benefits. Once the deductible is met, you pay 20% coinsurance for most covered services.

When two or more people are covered, the entire deductible must be met before the plan pays any expenses for any one person covered under the plan. Under the HDHP, you pay no more out of pocket for in-network services than \$5,000 for one person and \$10,000 for two or more people. The deductible applies to this limit. The COVA HDHP includes full dental benefits. However, there is no out-of-network coverage for medical or behavioral health benefits except in an emergency. All components of this plan are administered by Anthem and plan members must use Anthem participating providers.

Go to www.anthem.com/cova for more information about the plan and to access the online Provider Directory.



KAISER PERMANENTE REGIONAL HMO

Service Area: Includes certain counties where you live or work in Virginia and Maryland (and in some cases, certain zip codes within those areas) and the District of Columbia.

- *Virginia Counties:* Arlington, Caroline (partial), Culpeper (partial), Fairfax, Fauquier (partial), Hanover (partial), King George, Louisa (partial), Loudoun, Orange (partial), Prince William, Stafford, Spotsylvania, Westmoreland (partial)
- *Virginia Cities:* Alexandria, Fairfax, Falls Church, Fredericksburg, Manassas, Manassas Park
- *Maryland Counties:* Anne Arundel, Baltimore, Calvert (partial), Carroll, Charles (partial), Frederick (partial), Harford, Howard, Montgomery, Prince Georges
- *Maryland Cities:* Baltimore

The Kaiser Permanente HMO has no deductible for in-network services, but you must use Kaiser HMO participating providers (except in an emergency) and choose a PCP for each enrolled family member. You may search by zip code on the Kaiser Web site at <http://my.kaiserpermanente.org/mida/commonwealthofvirginia/> to determine if your job location or home address is in the Kaiser service area.

Health Benefits At-A-Glance

In-Network Benefits	COVA Care/ COVA Connect You Pay	COVA HDHP You Pay	Kaiser Permanente You Pay
Deductible – per plan year • One person • Two or more persons	\$225 \$450	\$1,750 \$3,500	None None
Out-of-pocket expense limit – per plan year • One person • Two or more persons	\$1,500 \$3,000	\$5,000 \$10,000	\$3,500 \$9,400
Doctor's visits • Primary Care Physician • Specialist	\$25 \$40	20% after deductible 20% after deductible	\$10 \$10
Hospital services • Inpatient • Outpatient	\$300 per stay \$125 per visit	20% after deductible 20% after deductible	\$100 per admission \$50 per visit
Emergency room visits	\$125 per visit (waived if admitted)	20% after deductible	\$75 per visit (waived if admitted)
Outpatient diagnostic laboratory, tests, shots and x-rays (not associated with surgery)	20% after deductible	20% after deductible	• \$0 lab, pathology, radiology, diagnostic testing • \$75 specialty lab and imaging
Prescription drugs – mandatory generic • Retail Pharmacy • Home Delivery Pharmacy (mail service)	Up to 34-day supply \$15/\$25/\$40/\$50 Up to 90-day supply: \$30/\$50/\$80/\$100	Up to 34-day supply: 20% after deductible Up to 90-day supply: 20% after deductible	Up to 60-day supply: • Medical Center Pharmacy: \$10/\$20/\$35 • Community participating pharmacy: \$20/\$40/\$55 Up to 90-day supply: \$8/\$18/\$33
Wellness & Preventive Services • Through age 6 <i>Office visits at specified intervals, immunizations, lab and x-rays</i> • Age 7 and older <i>Annual checkup visit (Primary Care Physician or Specialist)</i> <i>Immunizations, lab and x-rays</i> • Adult <i>Routine gynecological exam, Pap test, mammography screening, prostate exam (digital rectal exam), prostate specific antigen test (PSA), and colorectal cancer screening.</i>	\$0 \$0 \$0	\$0 \$0 \$0	\$0 \$0 \$0
Basic Dental <i>Plan Year Deductible</i> <i>Maximum Benefit - per member, per plan year</i> Diagnostic and Preventive Primary (Basic) Care	\$50 single, \$100 dual, \$150 family \$2,000 \$0, no deductible 20% after deductible	\$50 single, \$100 dual, \$150 family \$2,000 \$0, no deductible 20% after deductible	\$25 per member \$2,000 See fee schedule See fee schedule

In-Network Benefits	COVA Care/ COVA Connect You Pay	COVA HDHP You Pay	Kaiser Permanente You Pay
Expanded Dental Option* Complex Restorative (inlays, onlays, crowns, dentures, bridgework) Orthodontic • Lifetime maximum benefit – per member	Optional*: 50% after deductible 50%, no deductible \$2,000	Included: 50% after deductible 50%, no deductible \$2,000	Included: See fee schedule See fee schedule \$1,000 (age 19 and under)
Routine Vision & Hearing Option* Vision (once every 24 months from Blue View Vision or EyeMed network providers) • Routine eye exam • Eyeglass frames • Eyeglass lenses (standard plastic; single, bifocal or trifocal) • Contact lenses – You may choose contact lenses instead of eyeglass lenses. – Elective** conventional or disposable – Non-elective** • Contact lens fitting & follow-up – Standard fitting – Premium fitting • Savings & Discounts After Allowances Used Up – Additional pairs of eyeglasses – Additional conventional contact lenses – Certain eyewear & accessories See your COVA Care or COVA Connect Member Handbook for more details about this benefit, including out-of-network allowances. Hearing (once every 48 months) • Routine hearing exam • Hearing aids and other hearing aid related services • Benefit maximum	\$40 20% of balance after plan pays \$100 \$20 15% off balance after plan pays \$100 Balance after plan pays \$250 Up to \$55 10% off retail 40% off retail 15% off retail 20% off retail \$40 Balance after plan pays \$1,200 \$1,200		
Out-of-Network Option*	Plan payment is reduced by 25%. Provider may balance bill for amount above allowable charge.	Not available	Not available

*Options are offered for an additional premium, and may be purchased in combinations as shown on the monthly premiums chart.

**Elective contact lenses are in lieu of eyeglass lenses. Non-elective lenses are covered when eyeglasses are not an option for vision correction.

This is an overview of your health care benefits. For details, see the appropriate Member Handbook or plan document, or visit www.dhrm.virginia.gov.

Monthly Premiums Effective July 1, 2010 – June 30, 2011

The state health benefits program's expenses continue to rise. Higher costs for the upcoming plan year are reflected in premiums rather than in out-of-pocket costs for services. Premiums will increase 3 percent and program reserves will absorb the remaining 1.1 percent of expense.

Employee, Employee on Military Leave, VSDP Short-Term Disability: Pays Full-time Employee amount
Part-time Salaried Employee: Pays Part-time Employee amount

Health Care Plans	Employee Pays	You Only	You Plus One	You Plus Two or More
COVA HDHP - High Deductible Health Plan	Full-time	\$0	\$0	\$0
	<i>Part-time</i>	\$401	\$743	\$1,086
COVA Care/COVA Connect (with basic dental)	Full-time	\$43	\$102	\$150
	<i>Part-time</i>	\$500	\$925	\$1,352
COVA Care/COVA Connect Plus Out-of-Network	Full-time	\$55	\$118	\$172
	<i>Part-time</i>	\$512	\$941	\$1,374
COVA Care/COVA Connect Plus Expanded Dental	Full-time	\$58	\$132	\$194
	<i>Part-time</i>	\$515	\$955	\$1,396
COVA Care/COVA Connect Plus Out-of-Network & Expanded Dental	Full-time	\$70	\$147	\$215
	<i>Part-time</i>	\$527	\$970	\$1,417
COVA Care/COVA Connect Plus Expanded Dental Plus Vision & Hearing	Full-time	\$69	\$151	\$220
	<i>Part-time</i>	\$526	\$974	\$1,422
COVA Care/COVA Connect Plus Out-of-Network Plus Expanded Dental Plus Vision & Hearing	Full-time	\$80	\$166	\$240
	<i>Part-time</i>	\$537	\$989	\$1,442
Kaiser Permanente HMO – available in Fredericksburg area and Northern Virginia	Full-time	\$42	\$100	\$146
	<i>Part-time</i>	\$518	\$955	\$1,393





COMMONHEALTH EMPLOYEE WELLNESS PROGRAM

Changes in your lifestyle can have a big impact on your health. The CommonHealth employee wellness program strives to make a difference in the health of employees and the workplace by integrating health into the work culture, building trustworthy partnerships with the state workforce and changing individual behavior. State agencies that participate in CommonHealth can choose from more than 40 different health promotion services, including on-site health screenings, fitness and stress management, personal health and safety, and weight control and nutrition. For more information about your wellness benefits, visit the CommonHealth Web site at www.commonhealth.virginia.gov.

SPECIAL PROGRAMS INCLUDED WITH YOUR HEALTH PLAN AT NO ADDITIONAL COST

Program	COVA Care	COVA Connect	COVA HDHP	Kaiser Permanente HMO
Maternity Management	Future Moms <i>with incentive</i> 800-828-5891	Partners In Pregnancy <i>with incentive</i> 866-239-0618	Future Moms 800-828-5891	(301) 468-6000
Disease management for chronic conditions	ConditionCare 800-445-7922	Clinical Advocate 877-817-3037	ConditionCare 800-445-7922	800-777-7902
Call a nurse – anytime	24/7 NurseLine 800-337-4770	24/7 Nurse Advice Line 877-817-3037	24/7 NurseLine 800-337-4770	800-777-7902
Weight management	WeightWatchers <i>with 50% reimbursement for eligible employees</i> www.dhrm.virginia.gov	WeightWatchers <i>with 50% reimbursement for eligible employees</i> www.dhrm.virginia.gov	WeightWatchers <i>with 50% reimbursement for eligible employees</i> www.dhrm.virginia.gov	WeightWatchers <i>with 50% reimbursement for eligible employees</i> www.dhrm.virginia.gov
Healthy Roads	N/A	<i>Special internet tools and resources for lifestyle change</i> 877-330-2746 or www.healthyroads.com	N/A	N/A

For more information on these and other health improvement programs, see your plan member handbook or visit www.dhrm.virginia.gov.

FLEXIBLE REIMBURSEMENT ACCOUNTS

Your FRA plan year for Medical Flexible Reimbursement (MFRA) and Dependent Care Flexible Reimbursement (DCFRA) accounts is July 1 – June 30. You may enroll or re-enroll during Open Enrollment. You are required to enroll annually to continue participation in an FRA each plan year. You may participate if you are eligible for the health benefits program. There is a pre-tax administrative fee of \$3.67 for one or both FRA accounts.

FRA Summary

MFRA: Allows you to set aside part of your salary on a pre-tax basis each pay period to pay for the out-of-pocket medical, dental and vision care expenses not covered by your health benefits plan. Examples include copayments, coinsurance and deductibles.

DCFRA: Allows you to set aside part of your salary on a pre-tax basis each pay period to reimburse eligible expenses incurred for the care of your child, disabled spouse, elderly parent, or other dependent who is physically or mentally incapable of self-care, so that you (and your spouse) can work or actively look for work.

Medical FRA Reimbursement Card

- Use the *myFBMC Visa Card* to receive quick and convenient reimbursement for Medical flexible reimbursement account (FRA) expenses! Once you enroll FBMC will send you two cards to use. For more information, contact FBMC (see back page).
- There are certain IRS rules regarding the validation of claims expenses. In certain cases, you must complete an FRA Claim Form, attach supporting documents, and send it to FBMC. **Your card will be deactivated if you fail to take this step.** For more information, see the sourcebook.
- Beginning Jan. 1, 2011, over-the-counter drug expenses cannot be reimbursed through your MFRA. For more information, visit the DHRM Web site.

FRA Elections

- Your FRA elections (the dollar amounts you set aside) are binding.
- You may not change your FRA election amount until the next FRA Open Enrollment unless you experience a qualifying mid-year event consistent with your requested change. See the Flexible Benefits Program page on the DHRM Web site at www.dhrm.virginia.gov.
- File for reimbursement by September 30 of each year or you will lose the remaining money in your accounts.

Contribution to an MFRA: (whole dollar elections)

- **Minimum:** \$10 each pay period
- **Maximum:** up to \$5,000 per plan year

Contribution to an DCFRA: (whole dollar elections)

- **Minimum:** \$10 each pay period
- **Maximum:** up to \$5,000 per plan year, depending on how you file your taxes (see the Flexible Benefits Sourcebook)

FRA Period

- **If you enroll during Open Enrollment** – Your FRA election is for the plan year, July 1 through June 30. Your period of coverage will be the same as the plan year (unless you later make a permitted election change).
- **If you enroll when eligible or after the plan year begins** – Your period of coverage will begin on your effective date and continue through the end of the plan year (unless you later make a permitted election change).

Who To Contact With Questions

- See or call your agency Benefits Administrator with questions on FRA eligibility or making changes.
- Contact the administrator of the Flexible Reimbursement Accounts, Fringe Benefits Management Company (FBMC), with questions about eligible FRA expenses. Online information is available at www.myfbmc.com or call the toll-free customer service number at **1-800-342-8017**.
- See the *Flexible Benefits Sourcebook* for more on FRAs, including who may enroll and what expenses may be reimbursed.

The sourcebook is available from your Benefits Administrator or on the DHRM Web site at www.dhrm.virginia.gov.

HOW TO ENROLL

Health Benefits Or Flexible Reimbursement Accounts (FRA)

- **Within 31 days of employment**, you may enroll in your health plan and select a type of membership (Single, Employee Plus One, or Family). You may also enroll in a Medical FRA and a Dependent Care FRA. You may make changes during the annual Open Enrollment period, or outside Open Enrollment due to a qualifying mid-year event such as marriage, divorce, birth of a child or when a child reaches the plan age limit and is no longer eligible for coverage. For a complete list of qualifying mid-year events, and election changes allowed for each event, visit the DHRM Web site at www.dhrm.virginia.gov.
- **You must enroll each year** in an FRA to continue participation.
- **Your enrollment or change request must be submitted:**
 - Within the Open Enrollment period, or
 - Within 31 days of a qualifying mid-year event.

Note: Supporting documentation for dependent eligibility must be received before the request is approved.



Online Enrollment:

- The preferred way to enroll is on the Web! Visit the DHRM Web site at www.dhrm.virginia.gov and click on the EmployeeDirect link. It's quick, easy and gives you immediate confirmation that your request has been received. If you are unable to access the Web, submit a Health Benefits Eligibility and Active Enrollment Form for Employees to your Benefits Administrator.

To Find Forms:

- Visit the DHRM Web site at www.dhrm.virginia.gov under Forms or see your agency Benefits Administrator.

Employee Wellness Program

The CommonHealth wellness program does not require enrollment. Please ask your agency human resources office for information on this program.

HIPAA

Upon enrollment in COVA Care, COVA Connect, COVA HDHP or the Medical Reimbursement Account, you should receive from your agency Benefits Administrator a copy of the Office of Health Benefits Notice of Privacy Practices. If you do not receive your notice, please contact your benefits office or visit the DHRM Web site at www.dhrm.virginia.gov to obtain a copy.

Special Enrollment Opportunity

The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) created two new Special Enrollment rights for certain eligible employees and dependents **who lose coverage or become eligible for premium assistance** under a Medicaid or state children's health insurance program. Employees must request coverage changes within 60 days of the eligibility determination. A notice will be included with your Open Enrollment materials containing additional information about the opportunity to enroll in the premium assistance programs.

How To Contact Your Plan

Eligibility	DHRM • www.dhrm.virginia.gov
COVA Care	
• Medical, vision and hearing	Anthem 800-552-2682
• Behavioral Health and EAP	ValueOptions 866-725-0602
• Prescription Drug	Medco 800-355-8279
• Dental	Delta Dental 888-335-8296
COVA Connect	
• Medical, vision, hearing • Behavioral Health and EAP • Prescription Drug	Optima Health 866-846-COVA (2682) or (757) 687-6350
• Dental	Delta Dental 888-335-8296
COVA HDHP	
• For all benefits	Anthem 800-552-2682
Kaiser Permanente HMO	
• Medical and vision	800-777-7902 or 301-468-6000 in Washington, D.C.
• Behavioral Health and EAP	866-517-7042
• Dental	800-518-5338



Virginia Department of
**HUMAN RESOURCE
MANAGEMENT**